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STATEMENT OF **ORGANIZATION**

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2017 APR 10 AM 9: 59 FORM 1 Office Use Only NAME OF (Check if name Example:If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Trump Leadership PAC ADDRESS (number and street) (Check if address aguna Beach ₁9265 is changed) CITY ZIP CODE STATE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) Boyd.GalleryRE@gmail.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) _iImpeachTrumpTreason.com (Check if address is changed) DATE c00632844 FEC IDENTIFICATION NUMBER IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. **Boyd Roberts** Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of talse, erreneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Use Federal Election Commission

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